

ArtsStart! Grant Program

FY2004 Final Report

Deadline: 30 days after the completion of the grant period

1. Grant Number:	_____	Fiscal Year:	2004	_____
2. Grantee's Name	_____			
3. Mailing Address	_____			
4. City	_____	5. State	_____	6. Zip+4
7. County	_____	8. FEIN #	_____	
9. Phone Number	_____	10. Fax Number	_____	
11. Email Address	_____			
12. Contact Person for this report	_____			
13. Phone Number	_____	14. Fax Number	_____	
15. Email Address	_____			
16. Activity Dates	Begin: _____	End:	_____	
17. Number of individuals who benefited from this grant	Youth _____	Adult	_____	
18. Dollar amount spent on arts education in FY2006	\$ _____	_____		
19. Number of artists who participated in this activity	_____			
20. Name of artist(s) doing residency	_____			
21. What counties were served?	_____			
23. If professional development was provided, how many hours of professional development were provided to how many teachers?	Hours _____	Teachers	_____	
22. KAC dollars awarded for this activity leveraged	\$ _____	dollars from other sources	_____	
23. List other sources:	_____			

Report

As you reach the conclusion of your ArtsStart! funding period for FY2004, please respond to the following series of self-assessment questions, on a maximum of two pages, placing your facility's name in the top right hand corner of the page.

1. Impact/Evidence

Describe the impact of this project and provide supporting evidence (*Note: Evidence may include samples of student work, student responses, quantitative participation data, etc.*)

How did the project encourage staff, students, parents and artists to participate in the creative process?

How did the project teach staff and parents to employ the arts to support student learning?

How were students engaged in the hands-on creation of art?

How was awareness of the value of arts education and arts in education promoted?

2. Credit:

How did you satisfy the Kentucky Arts Council credit requirement? If applicable, attach copies of programs, newsletters, web site links, etc., containing the credit line.

Mailing Address for Final Report

Kentucky Arts Council
21st Floor, Capitol Plaza Tower
500 Mero Street
Frankfort, KY 40601-1987
502-564-3757
Toll Free: 888-833-2787

*I certify that I am legally authorized to submit this report on behalf of the grantee and that the foregoing statements and enclosures are true and complete to the best of my knowledge. All signatures must be in **RED** ink.*

Preparer's Signature _____ Date _____

All signatures must be in **RED ink.**

Type Name _____ Title _____